

Congressman Chris Stewart, District 2 Consent for Release of Personal Records/On Behalf Of

I have sought assistance from Congressman Chris Stewart on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Stewart or any authorized member of his staff until this matter is resolved.

Authorizeu Ke	presentative:			
Name:	D) (
	First	Middle	Last	
Address:		City:		
State:	Zip:	Primary Phone: ()		
Email:			□ Home □ Cell □ Work	
Claimant/Bene				
Name:	First			
	First	Middle	Last	
Date of Birth: _		Social Security Numb	oer:	
Case, File or Re	egistration Number:			
Type of issue ar	nd agency you are worki	ng with:		
Are you workin	g with another Congress	person/Senator? Yes :	No Who:	
	y pending issues with th			
Have you been	charged with any crimes	? □ Yes □ No		

I certify that by requesting assistance of Congressman Stewart and his staff, and under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct; 4) I also understand that failure to disclose all information (or any deliberate attempt to mislead Congressman Stewart or his staff) will result in the discontinuance of assistance.			
Date			
problem and a timeline of related events questions on the previous page, please			